2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000104513

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Dec 04, 2007 Secretary of State

Entity Nai	me: WILSUM	S REFERRAL SERVICES, INC	D.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1779 N. CO BOYNTON	ONGRESS AV N BEACH, FL	E., #303 33426			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ANOR TERR. TON, FL 3341	4			
FEI Number:	: 71-0866226	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	WILLIAM ONGRESS AV NBEACH, FL				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () LOUISMA, WIL 1779 N. CONG BOYNTON BEA	RESS AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () DANASTOR, TI 1779 N. CONG BOYNTON BEA	RESS AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ROWE, ALMA 1779 N. CONG BOYNTON BEA	RESS AVE.	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM LOUISMA Ρ 12/04/2007

() Change (X) Addition

ALPHONSE, DIMITRI

1779 N. CGRESS AVE BOYNTON BEACH, FL 33426